

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00005000	2 PAGE # 1 of 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Kathryne		OFFICE USE ONLY Date Received 2012 JAN 13 PM 3:24 AUSTIN CITY CLERK RECEIVED
	NICKNAME LAST SUFFIX Kathie Tovo		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 809 W 32nd Street Austin, TX 78705		Date Hand-delivered or Date Postmarked
			Receipt # Amount
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Joseph		Date Processed
	NICKNAME LAST SUFFIX Pinnelli		Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 50038 Austin, TX 78763		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 478-5958		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 07/01/2011 THROUGH 12/31/2011		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) City Council Place 3		12 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Tovo, Kathrynne (Ms.)

14 ACCOUNT # (Ethics Commission filers)
0000500015 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

3,455.00

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

0.00

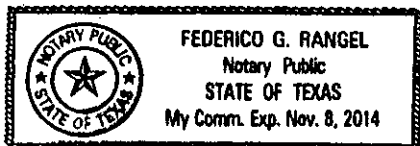
OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

61,807.06

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Kathrynne B Tovo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathrynne Tovo, this the 10th day
of January, 20 12, to certify which, witness my hand and seal of office.

F. Rangel
Signature of officer administering oath

FEDERICO RANGEL
Print name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/3 Report: 3/6		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 07/15/2011	5 Payee name Beers, Steve (Mr.)				
6 Amount (\$) \$50.00	7 Payee address City; State; Zip Code 107-A E. 47th St. Austin, TX 78751				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for campaign services		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/15/2011	Payee name Black, Kevin (Mr.)				
Amount (\$) \$100.00	Payee address City; State; Zip Code 4606 Bennette Avenue Austin, TX 78751				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for campaign services		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/14/2011	Payee name Butts, David (Mr.)				
Amount (\$) \$2,000.00	Payee address City; State; Zip Code 1914 Patton Ln Austin, TX 78723				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Services		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/15/2011	Payee name Elliott, Tom (Mr.)				
Amount (\$) \$75.00	Payee address City; State; Zip Code 2401 Manor Rd Apt. 122 Austin, TX 78722				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for campaign services		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/3 Report: 4/6		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 07/15/2011	5 Payee name Hersch, Matt (Dr.)				
6 Amount (\$) \$500.00	7 Payee address City; State; Zip Code 3201 Duval Rd #1134 Austin, TX 78759				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Services		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/15/2011	Payee name Lopez, Anthony (Mr.)				
Amount (\$) \$50.00	Payee address City; State; Zip Code 3605 Savage Springs Dr Austin, TX 78754				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor for campaign services		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/03/2011	Payee name Piper, David (Mr.)				
Amount (\$) \$105.00	Payee address City; State; Zip Code 607 Jessie St Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political advertising		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/15/2011	Payee name Smith, Jeff (Mr.)				
Amount (\$) \$500.00	Payee address City; State; Zip Code 906 Rio Grande St. Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Services		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
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Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/3 Report: 5/6		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000
4 Date 07/15/2011	5 Payee name Tabrizi, Saurah (Ms.)			
6 Amount (\$) \$75.00	7 Payee address City; State; Zip Code 10005 Pickfair Drive Austin, TX 78750			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for campaign services	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 6/6

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00005000

4 Date 07/05/2011	5 Name of person from whom amount is received City of Austin	8 Amount (\$) \$25.03
	6 Address of person from whom amount is received; City; State; Zip Code P.O. Box 2267 Austin, TX 78783-2267	
	7 Purpose for which amount is received Closed account overpayment reimburse	

Date 07/18/2011	Name of person from whom amount is received T&J Building Limited	Amount (\$) \$3,000.00
	Address of person from whom amount is received; City; State; Zip Code 11130 Jollyville Rd Suite #303 Austin, TX 78759	
	Purpose for which amount is received Reimburse of Security Deposit for Office Rental	

Date 11/19/2011	Name of person from whom amount is received Time Warner Cable	Amount (\$) \$56.12
	Address of person from whom amount is received; City; State; Zip Code 12012 N Mopac Austin, TX 78759	
	Purpose for which amount is received Closed account overpayment reimburse	

ANNUAL RECONCILIATION

(To be filed by candidate, officeholder or campaign committee with the January 15th
contribution and expenditure report)

Name of candidate, officeholder or campaign committee: Kathryne Tovo

For each checking, savings or other financial institution account maintained during 20 11, enter
the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: University Federal Credit Union

Type of account: Business Checking

The beginning balance: \$0.00

The ending balance: \$0.00

Enter the following information for checks issued on that account that have not cleared by
December 31:

Date	Payee	Amount
N/A		

Enter the following information for checks received as contributions and deposited but dishonored
by the contributor's financial institution:

Date of receipt	Contributor	Amount
N/A		

Amount of interest or dividends earned: \$0.00

SCHEDULE W - attach to form C/OH (C&E)
Reference 2-2-25, Austin City Code

All deposits and withdrawals not disclosed on a filed contribution and expenditure report:

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
N/A		

A listing of checks received that have not been deposited into any account by December 31:

Date of receipt	Contributor	Amount
N/A		

ANNUAL RECONCILIATION OF CAMPAIGN DEBT

(To be filed by officeholders only during an election year)

Period Covered: January 1, 2011 to December 31, 2011

Name of Officeholder: Kathryn Tovo

Campaign debt** existing as of the first day of the calendar year: 80

Campaign debt** existing as of the last day of the calendar year: \$ 61,807.06

Enter the following information on all campaign debt existing as of December 31 of the reporting year:

(a) For loans and other debt evidenced by a note, the name of the creditor, the principal amount owed, the interest rate and the date of maturity. Campaign debts under \$50 may be reported as an aggregate under (c) below:

Creditor	Principal amount owed	Interest rate	Date of maturity
N/A			

(b) For all other campaign debts, enter the name of the creditor and the principal amount owed. Campaign debts under \$50 may be reported as an aggregate under (c), below:

Creditor	Principal amount owed
Kathryn Tovo	\$ 61,807.06

SCHEDULE X – attach to form C/OH (C&E)
Reference 2-2-42, Austin City Code

(c) Enter the total of campaign debts under \$50 if they are not itemized under (a) or (b) above.
N/A

** Campaign debt is the actual outstanding obligation of the candidate or candidate's committee as of a particular date, minus all funds held by the candidate or candidate's committee in cash or bank accounts on that date.

VERIFICATION FOR ELECTRONIC FILING

AUSTIN CITY CLERK
RECEIVED

AFFIDAVIT

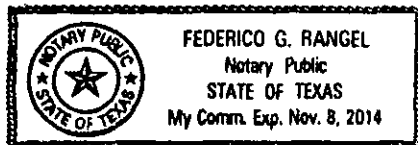
2012 JAN 13 PM 3 23

I, Kathryne B Tovo, swear or affirm, that the accompanying report filed on electronic disk is true and correct and includes all information required to be reported by me under Title 15, Election Code.

1/10/12
Date

Kathryne B Tovo
Signature - Candidate or Officeholder

Sworn to and subscribed before me, by the said Kathryne B Tovo, this the 10th day of January, 20012, to certify which, witness my hand and seal.



SEAL

F. Rangel
Signature - officer administering oath